

AQUATIC REGISTRATION APPLICATION FORM - Please fill out completely

(One form per family -- Please read registration information on pages 9-11 before registering!)

Payee/Parents Information

E-Mail Address: _____

LAST NAME	FIRST
STREET	CITY ZIP
HOME PHONE# WORK#	EMERGENCY#

PARTICIPANT'S NAME	CLASS/ ACTIVITY	CLASS CODE	LOCATION	SESSION/ DAY	TIME	FEE
First Last	1st choice					
Age Sex Birthdate / /	2nd choice					
<input type="checkbox"/> Check here if this is a new address.	3rd choice					
First Last	1st choice					
Age Sex Birthdate / /	2nd choice					
	3rd choice					
First Last	1st choice					
Age Sex Birthdate / /	2nd choice					
	3rd choice					
First Last	1st choice					
Age Sex Birthdate / /	2nd choice					
	3rd choice					

I understand that the City of Chandler does not carry accident insurance for these programs.

I agree to indemnify and hold harmless the City of Chandler from all losses or injuries sustained during my participation.

I also give my permission for any photos/video taken of participants to be used by the City of Chandler.

Signature of Parent _____

Mail to: City of Chandler Aquatic Registration, Mail Stop 501, P.O. Box 4008, Chandler, AZ 85244-4008

The City of Chandler intends to comply with the American Disabilities Act (ADA). If you have any special needs, please call (480) 782-2727.

Need additional forms? Simply make a copy of this one or print one from the on-line Break Time at www.chandleraz.gov

WE ACCEPT DEBIT, VISA, AND MASTER CARD!

Credit Card (check one) Visa _____ MC _____	Credit Card #	Official Use Only Approval #
Received	Check #	Cash

Name of Cardholder _____

Exp Date _____